

INSTRUCTIONS: Type all responses. Complete and submit in duplicate to:

YOUR LOCAL CESA AODA FACILITATOR

Collection of personally identifiable information is used solely for validation purposes and will not be released without written permission.

A	ODA FELLOWSHIP APF	PLICATION	
1. Applicant's Name Last, First, MI	2. CESA No.		
3. Home Address Street			4. Business Telephone Area/No.
5. City	6. State	7. Zip	8. Home Telephone Area/No.
9. E-Mail Address			
-			
 District Name School district you are under contract with school district represented. 	n. If private school, list pu	ublic 11. District	No. 12. School Represented
13. DPI Certification Held or Eligible for 14. Date Last Awa	rded a DPI-AODA Fellow	ship <i>(Mo./Day/Yr.</i>	if applicable)
15. Course Information: Specify			
a. Course Name/Training Applying for			
b. Graduate Institution offering course or training			
c. No. of Graduate Credits Offered for Course d. Fee	per Credit		e. Training Date(s)
f. Location of Training			
16. Fellowship Grant Request Amount			
\$			
17. If you are successful in receiving an AODA Fellowship ameliorate alcohol and other drug abuse among minors of			wledge and skills acquired to help prevent or
amenorate algebra and other drug abase among milions	Within your seriour and oo	initiality.	
Applicant Name Typed	Signature of Applica	ant	Date Signed
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District Administrator Name <i>Typed</i>	Signature of District	Administrator	Date Signed

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FELLOWSHIP GRANT AWARD PROGRAM

ALCOHOL AND OTHER DRUG ABUSE PROGRAM INFORMATION AND PROCEDURES

- 1. APPLICANT ELIGIBILITY—An applicant must meet the following criteria:
 - be a Wisconsin Department of Public Instruction certified school staff member
 - currently under contract with a Wisconsin public school district or private school (private school personnel not required to hold DPI license but must be eligible for same)
 - have current job responsibility, or the potential for involvement in activities, related to alcohol and other drug abuse within his or her staff assignment
 - have the potential for improving and/or expanding professional responsibilities related to AODA program and service delivery in schools
 - receive only one grant award every other grant year, July through June
- 2. EVENT ELIGIBILITY—A training or educational event must meet the following criteria:
 - Content must support the development of comprehensive programs to prevent or ameliorate alcohol and other drug abuse among minors. Acceptable events will fall into one or more of the following categories:
 - a. AODA-specific programs and services provided by elementary and/or secondary schools,
 - b. school-based, multi-strategy models or frameworks which address youth AODA issues, and may address other related youth risk behaviors,
 - c. curriculum and instruction to prevent AODA and related youth risk behaviors, and
 - d. establishment of connections between AODA and other related youth risk behavior areas.
 - Graduate credit must be provided for the training or educational event.

3. ELIGIBLE COSTS—CREDIT FEES ONLY—

- Minimum: total cost of graduate credit for AODA course work or \$100 whichever is less
- Maximum: cannot exceed \$400

4. REGISTRATION RESPONSIBILITIES—

- Registration for a training event is the responsibility of the applicant
- 5. AWARD PROCEDURES—Applications will be approved and awards issued by the Department of Public Instruction based on the following criteria:
 - (CESA) Wisconsin Alcohol, Tobacco and Other Drug Education Network Facilitator review
 - funds available
 - date of application
 - number of applicants from a given district
 - school personnel who have not previously received state funds for training
- REIMBURSEMENT PROCEDURES—Reimbursement will be made after the applicant submits all of the following:
 - a verification of completion of the training event.
 - original receipts for CREDIT FEES
 - Awards are not transferable. Funds are disbursed directly to the applicant. Direct billing to the Department by the training sponsor or school district is not allowable. Any change in registration for a different training event, a change in dates of attendance or any change in the staff person(s) attending the training must be requested in writing and in advance of training event.

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Signature of Applicant	Date
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